

Social Security No. (optional)

Drivers License No.

COBB COUNTY BOARD OF ELECTIONS & REGISTRATION

APPLICATION FOR OFFICIAL ABSENTEE BALLOT BY MAIL 2010

PLEASE PRINT (FAILURE TO FILL OUT THE FORM COMPLETELY COULD DELAY YOUR APPLICATION)

DATE OF BIRTH	PHONE #	E-MAIL ADDRESS (Required for UOCAVA electronic ballots)		
NAME AS REGISTERED	LAST	FIRST	MIDDLE	
CURRENT ADDRESS	#	STREET	CITY	ZIP CODE

☐ Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).

# STREET	CITY	STATE	ZIP CODE
----------	------	-------	----------

I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING ELECTION:

Note: one (1) application per election may be filed up to 180 days prior to the Election Date (*see exceptions below for Over 75, Disabled, Military or Overseas Citizens)

- ☐ General & Nonpartisan (Governor’s Election / Special Election, November 2, 2010
- ☐ General & Nonpartisan Election Runoff, November 30, 2010

* EXCEPTIONS:

If you meet the following criteria, you may choose to complete one application and receive a ballot for the General Election, and General Election Runoff (if any) by checking one of the following boxes:

- ☐ E - Elderly - I am 75 years of age or older.
- ☐ D - Disabled - I have a physical disability which would render me unable to see or mark a ballot.

U – UOCAVA Voter - Member of armed forces or Merchant Marines of the United States, commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration, spouse or dependent residing with or accompanying said member, or a United States citizen residing overseas.

For UOCAVA Voters Only - I would like to receive my absentee ballots by electronic transmission ☐. Provide Email address above

My current status is (please mark one):

- ☐ MOS – Military Overseas
- ☐ MST – Military Stateside
- ☐ OST – Overseas Temporary Resident
- ☐ OSP – Overseas Permanent Resident (federal offices only)

SIGNATURE OR MARK* OF VOTER - REQUIRED

*Signature of person preparing application if voter is disabled or illiterate - REQUIRED

You may apply on behalf of another person in the following circumstances: In the case of a voter residing temporarily out of the county or a physically disabled voter residing within the county, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the age of 18 or over upon completing the following oath: I, the undersigned do swear (or affirm) that the above-named voter is ☐ residing temporarily out of the county or is a ☐ physically disabled voter residing within the county and that the facts included in this application are true.

SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT - REQUIRED

OFFICE USE ONLY

DIST. COMBO	PRECINCT	I HEREBY CERTIFY THAT THE ABOVE NAMED VOTER	PACKET PREPARED BY:
BALLOT #	ISS. DATE	<input type="checkbox"/> IS ELIGIBLE	
		<input type="checkbox"/> IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT	
		REASON FOR REJECTION:	PACKET REVIEWED BY:
		INITIALS	

Please Fax: 770/528-2458 or 770/528-2519

or Mail: COBB COUNTY BOARD OF ELECTIONS & REGISTRATION
P.O. BOX 649
MARIETTA, GA 30061-0649

Have You . . .

- Signed your application?
- Chosen a party preference (if a primary)?
- Selected only one election?
- Printed your name and address?